

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/585541		FILING DATE				
							APPLICANT(S)						
CLAIMS													
①	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		2					56						
7		①					57						
8		①					58						
9		①					59						
10		①					60						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	↓	0	↓	0	↓	TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	10	←	0	←	0	←	TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	11	■	0	■	0	■	TOTAL CLAIMS	0	■	0	■	0	■